

BUILDING PERMIT

DILLSBURG BOROUGH BUILDING PERMIT APPLICATION AND PERMIT

(to obtain Occupancy Certificate)
233 South Chestnut St. Dillsburg, PA 17019

Building Permit # _____ S _____	Map Parcel # _____	*OFFICE USE ONLY*
State Training Fee \$4.50	Zoning Permit # _____	
Permit Fee \$25.00 (Refundable, if permit is returned directly after project is complete)	C/O # _____	
Total Due \$ _____		

Application is hereby made for a building permit in accordance with the requirements of the building Ordinances and amendments. Please complete the following sections that apply to your project.

A. Application Information Date of Application _____
Expiration Date _____

Property Owner _____ Address _____
Phone (H) _____ (W) _____

Applicant _____ Phone _____
Development Name _____ Phase _____ Lot No. _____
LIV. SPACE _____ ATT. GAR _____ UNFIN. BSMT _____ ACC. BLD. _____
Zoning District _____ Total Sq.Ft. _____

Construction Location _____ Use Group Class. _____

Contractor _____ Address _____
Phone # _____ Worker's comp. Certificate No. _____

B. LOT INFORMATION

Width _____ Length _____ Total Area in Square Feet _____

C. LOT SETBACKS

Front _____ Rear _____ One Side _____ Other Side _____

D. TYPE OF OCCUPANCY

Residential _____ Commercial _____ Industrial _____ Multi-unit _____ Other _____

E. TYPE OF CONSTRUCTION

Single Family Dwelling _____ Duplex _____ Townhouse _____ Multi-family _____ Addition _____
Garage: Detached _____ Attached _____ Accessory Structure _____ Pool: Ingrd. _____ Abovegrd. _____

Description: _____

Building is to be _____ ft. wide by _____ ft. long by _____ ft. in height

Variance Granted? _____ Yes _____ No _____ Date: _____

Sewage On Lot Septic Permit # _____ Public Sewer Permit # _____

Estimated Cost of Construction: _____ Cost by Resolution: _____

The applicant will be held accountable for the truth and accuracy of the information on this application. False information may result in this permit being revoked at any time in the construction process and additional charges served.

Signature of Applicant: _____ Date: _____

Issued By: _____ Date: _____